



**Policy: 4250**  
**Chapter: Counseling**  
**Rule: Suicide Prevention**

**Effective: 04/06/05**  
**Replaces: 4250**  
**Dated: 09/24/03**

A.R.S.	A.C.A. Standards	A.A.C
§§41-2804	3-JTS-3S-18; 4C-16, 27, 35; 5C-05, 06, 07.	

The Arizona Department of Juvenile Corrections (ADJC) shall establish a written suicide prevention program. It shall include specific procedures and documentation to ensure proper identification of juveniles' needs including screenings, assessment, interventions, levels of supervision, housing, reporting, follow-up, and employee training needs. The program shall also include employee and juvenile critical incident debriefing that covers the management of suicidal incidents, prolonged threats, and death of a juvenile or employee. It shall ensure review of critical incidents by administration, security, clinical, and health services.

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#### **Procedure Index:**

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**Definitions:**

**1. Assessment and Documentation:**

- a. **Red Folder:** a red colored folder containing documentation in chronological order pertaining to a juvenile's precautionary status while the juvenile is on suicide risk level status. The purpose of this folder is to provide historical and ongoing information to employees monitoring and observing the resident while on precautionary status.
- b. **Initial Precautionary Status Assessment:** the standardized interview of a juvenile conducted when there is evidence that the juvenile poses a threat to him/herself or others. This assessment shall be conducted by the QMHP.
- c. **Crisis Intervention Assessment:** a formalized follow-up assessment completed every 24 hours on any juvenile assessed at Suicide Risk Level 1, 2, or 3. This assessment shall be conducted by the QMHP.

**2. Monitoring and Quality Assurance:**

- a. **Clinical Mortality Review:** an assessment of the clinical care provided and the circumstances leading up to a death. Its purpose is to identify any areas of the juvenile care or the system's policies and procedures that can be improved, as well as positive areas of care;
- b. **Psychological Autopsy:** sometimes referred to as a psychological reconstruction and usually conducted by a Psychologist or other Qualified Mental Health Professional, is a written reconstruction of an individual's life with emphasis on factors that may have contributed to the individual's death.

**3. Mortality Review and Support:**

- a. **Administrative Ordered Status:** a level of supervision instituted as a precautionary measure for juveniles who may have been involved in or impacted by a completed suicide or serious attempt not resulting in death;
- b. **Critical Incident Debriefing:** an intervention designed to reduce the psychological impact of a traumatic event for both the juvenile and employees;
- c. **Internal Review Committee:** a multidisciplinary review team developed to critically review the circumstances surrounding a death or serious incident;
- d. **Critical Incident Support Team:** a team used to provide support to juveniles, employees, and families involved in or adversely affected by the death of a juvenile, employee, or other functionary under the auspices of ADJC.

**4. Qualified Health Care Professional (QHCP):** a physician, physician assistant, nurse, nurse practitioner, dentist, and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate the health of juveniles and provide them with health care.

**5. Qualified Mental Health Professional (QMHP):**

- a. a Psychiatrist, Psychologist, Mental Health Team Coordinator, Psychology Associate, Family Services staff, community provider, or any direct care staff as designated by the Psychologist who holds any of the following educational degrees:
  - i. Board-certified or board-eligible/licensed Psychiatrist;
  - ii. Board-certified or board-eligible/licensed Psychologist;
  - iii. Licensed or license eligible Masters level or above in psychology and/or counseling;
  - iv. Licensed or license eligible Masters level or above in social work.
- b. and, in addition, per the Psychologist, demonstrates education and experience in the following competencies:
  - i. Identifying precipitating events;

- ii. Gathering histories of mental and physical disabilities, alcohol and drug use, past mental health services, and criminal justice contacts;
- iii. Assessing family, social, and work relationships;
- iv. Conducting a mental status examination;
- v. Writing and supervising a treatment plan; and
- vi. Providing individual, family, and/or group therapy within the scope of their training.

6. **Staggered intervals:** random checks conducted on an irregular and unpredictable schedule in order to promote the subject's safety.

7. **Suicidal Thoughts and/or Behaviors:**

- a. **Suicidal Ideation:** thoughts of ending one's life or of being dead, or wishing death;
- b. **Suicidal Intent:** the intent to end one's life;
- c. **Suicide Threat:** any action where a juvenile verbally states, writes, or shows by behavior a self-destructive desire, intent, or wish with or without physical injury;
- d. **Suicide Gestures/Self-Injurious Behavior:** an act performed with the apparent intention to cause injury but not death. This may be accompanied by a threat. Examples might include the following: Self-inflicted superficial scratches and cuts-scratching oneself with a comb, erasure, tattoos denoting suicidal intent, ingestion of medication or substances with the intent to cause harm, and other dangerous acts that are not fully carried out.
- e. **Suicide Attempt:** an act apparently intended to end one's life;
- f. **Life Threatening Suicide Attempt:** a suicide attempt that a Qualified Health Care Professional (QHCP) determines would have resulted in death except for circumstances beyond the juvenile's control.
- g. **Completed Suicide:** a death resulting from a suicide attempt.

8. **Suicide Prevention Equipment and Location:**

- a. **Suicide Resistant Room:** a room which provides a safe environment; which has no obvious materials/possessions that can be used in self-injurious behavior, such as sharp objects or any item which may be used for hanging such as sheet/blankets, towels, or clothing. The room shall be free of all obvious protrusions and any items that provide an easy anchoring device for hanging. Lighting is tamper proof and there are no switches or electrical outlets in the room. The door of the room has a heavy gauge clear panel which allows employees an unobstructed view of the room.
- b. **Rescue Kit:** an Emergency Medical Treatment (EMT) fanny pack carried by direct care employee that contains: One Cardio-Pulmonary Resuscitation (CPR) Micro Shield, one pair of latex gloves, and one 911 extraction knife (see definition below).
  - i. **911 Extraction Knife:** A knife that is designed to cut vehicle seat belts from occupants when an emergency extraction is necessary. The physical design and sharpness of this device makes it a viable tool for cutting tightly wrapped material from the neck area of any individual who may be attempting suicide.

9. **Supervision Levels:**

- a. **Precautionary Status:** the specific level of supervision initiated as a result of a risk assessment that defines the parameters of supervision for a juvenile. These are levels 1, 2, and 3. They are:
  - i. **Level 1: Constant Supervision:** Continuous, uninterrupted supervision of juveniles during waking and sleeping hours by an assigned employee who remains in close proximity to the juvenile. Written documentation of the juvenile's mood and behavior shall occur every 15 minutes at staggered intervals. The employees shall visually confirm the juvenile is breathing and appears normal. The minimal duration of this status is 24 hours;

- ii. **Level 2: Close Supervision:** Close visual observation of juvenile during waking and sleeping hours. Monitoring and written documentation of the juvenile's mood and behavior shall occur every 10 minutes at staggered intervals;
  - iii. **Level 3: Cautionary Supervision:** Visual observation of juvenile during waking and sleeping hours. Monitoring and written documentation of the juvenile's mood and behavior shall occur every 15 minutes in a staggered fashion;
- b. **Standard Supervision:** Juveniles who are on regular supervision as dictated by specific housing unit work expectations, activities, and the juvenile's behavior management level. For those juveniles under Standard Supervision and not designated to a Suicide Risk Level, employees shall ensure regularly scheduled rounds of each housing unit at intervals that do not exceed every 30 minutes. Juveniles who are confined to their room shall be observed at 15 minute intervals.